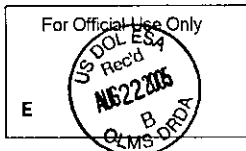


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



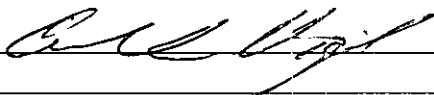
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12396	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ARNOLD VIGIL P.O. Box, Bldg., Room No., if any NOT APPLICABLE Street 875 ELATI STREET City DENVER State Colorado ZIP Code + 4 80204	4. Name, file number, and address of labor organization. Name LABORERS INTERNATIONAL UNION OF N A LOCAL 720 Labor Organization File Number 020-306 P.O. Box, Building and Room Number, if any NOT APPLICABLE Street 875 ELATI STREET City DENVER State Colorado ZIP Code + 4 80204
5. Position in labor organization. Organizer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NOT APPLICABLE Trade Name, if any: NOT APPLICABLE P.O. Box, Bldg., Room No., if any NOT APPLICABLE Street NOT APPLICABLE City NOT APPLICABLE State ZIP Code + 4 00000	7.a. Nature of Interest, Transaction, or Income. NOT APPLICABLE 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/10/2005	303-825-8101
	Date	Telephone Number

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name WILLIAM GREENWOOD

Trade Name, if any: COMPUSYS OF COLORADO, INC.

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street 2821 SOUTH PARKER ROAD, #1005

City AURORA

State Colorado ZIP Code + 4 80014

14.a. Nature of payment.

WORKING LUNCH AT TRUST FUND MEEING - 7-21-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$13

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name WILLIAM GREENWOOD

Trade Name, if any: COMPUSYS OF COLORADO, INC.

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street 2821 SOUTH PARKER ROAD, #1005

City AURORA

State Colorado ZIP Code + 4 80014

14.a. Nature of payment.

WORKING LUNCH TO DISCUSS TRUST FUND ISSUES - 7-26-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$8

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name WILLIAM GREENWOOD

Trade Name, if any: CONMUSYS OF COLORADO, INC.

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street 2821 SOUTH PARKER ROAD, #1005

City AURORA

State Colorado ZIP Code + 4 80014

14.a. Nature of payment.

WORKING LUNCH AT TRUST FUND MEETING - 10-27-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$13

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name WILLIAM GREENWOOD

Trade Name, if any: COMPUSYS OF COLORADO, INC.

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street 2821 SOUTH PARKER ROAD, #1005

City AURORA

State Colorado ZIP Code + 4 80014

14.a. Nature of payment

DINNER AT CONFERENCE - 1-19-2004

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NOT APPLICABLE

Trade Name, if any: NOT APPLICABLE

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street NOT APPLICABLE

City NOT APPLICABLE

State ZIP Code + 4 00000

14.a. Nature of payment.

NOT APPLICABLE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NOT APPLICABLE

Trade Name, if any: NOT APPLICABLE

P.O. Box, Bldg., Room No., if any NOT APPLICABLE

Street NOT APPLICABLE

City NOT APPLICABLE

State ZIP Code + 4 00000

14.a. Nature of payment.

NOT APPLICABLE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$0